

Dermatology 2



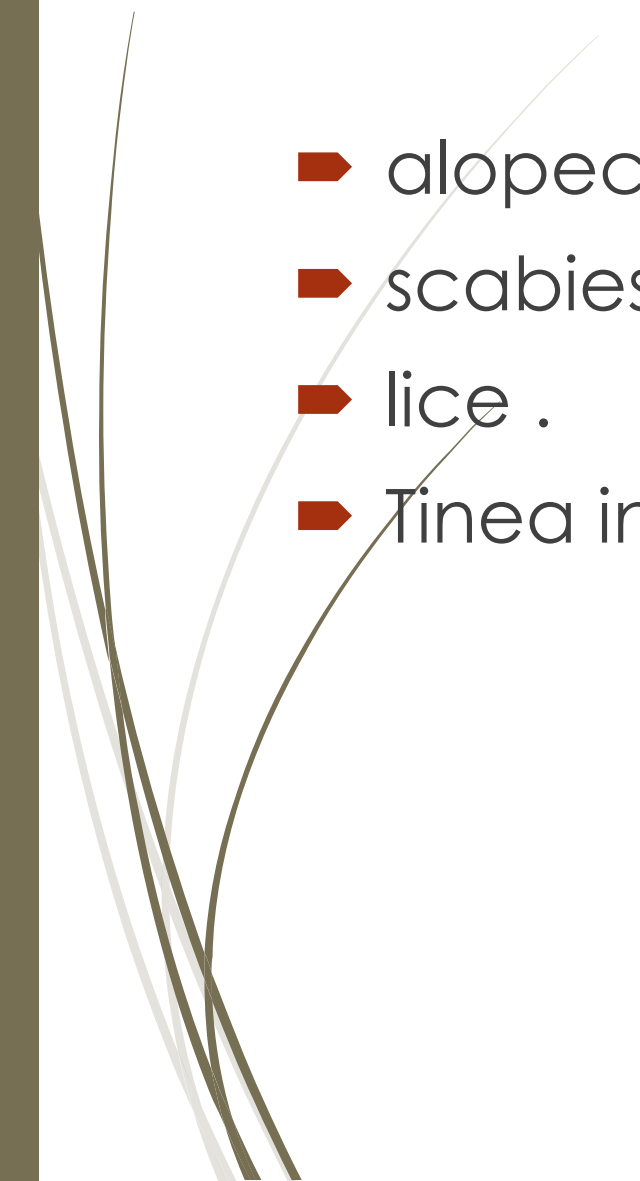
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Objectives :

- alopecia .
 - scabies .
 - lice .
 - Tinea infection .
- 

Hair loss (Alopecia)

- Result of heredity , certain medications or medical condition .
- **Baldness** : typically refers to excessive hair loss from the scalp .
- alopecia areata most often is asymptomatic but some patients (14 %) experience a burning sensation or pruritus in the affected area .
- Treatment is not mandatory , because it is benign and spontaneous remissions and recurrences are common .

Alopecia Areata (AA)

- Autoimmune disease , the immune system attacks its own hair follicles causing **round** patches (area) of hair loss .
- Most affected : asthmatic , diabetic type 1 and eczematic ppl .
- Types :
Alopecia areata , alopecia totalis (complete loss of scalp) , alopecia universalis .



Treatment

➡ 1 – topical corticosteroids

Intralesional steroids

1st line ttt . (triamcinolone acetonide)



➡ Topical steroids .

Useful especially in children who can't tolerate injections .

Betamethasone dipropionate 0.05% and fluocinolone acetonide 0.2%

Twice daily



➡ 2 – minoxidil 5%

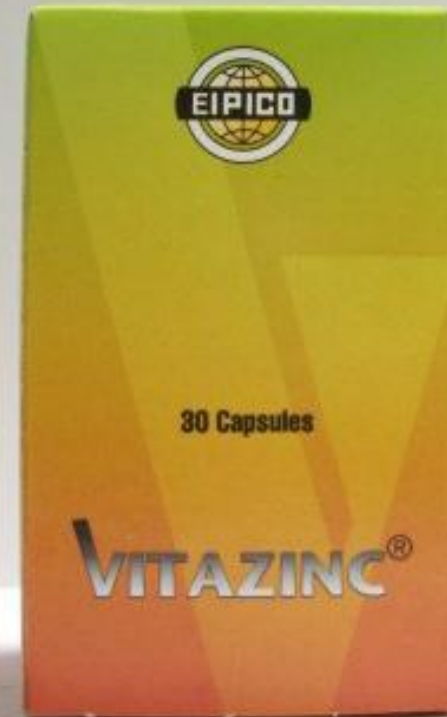
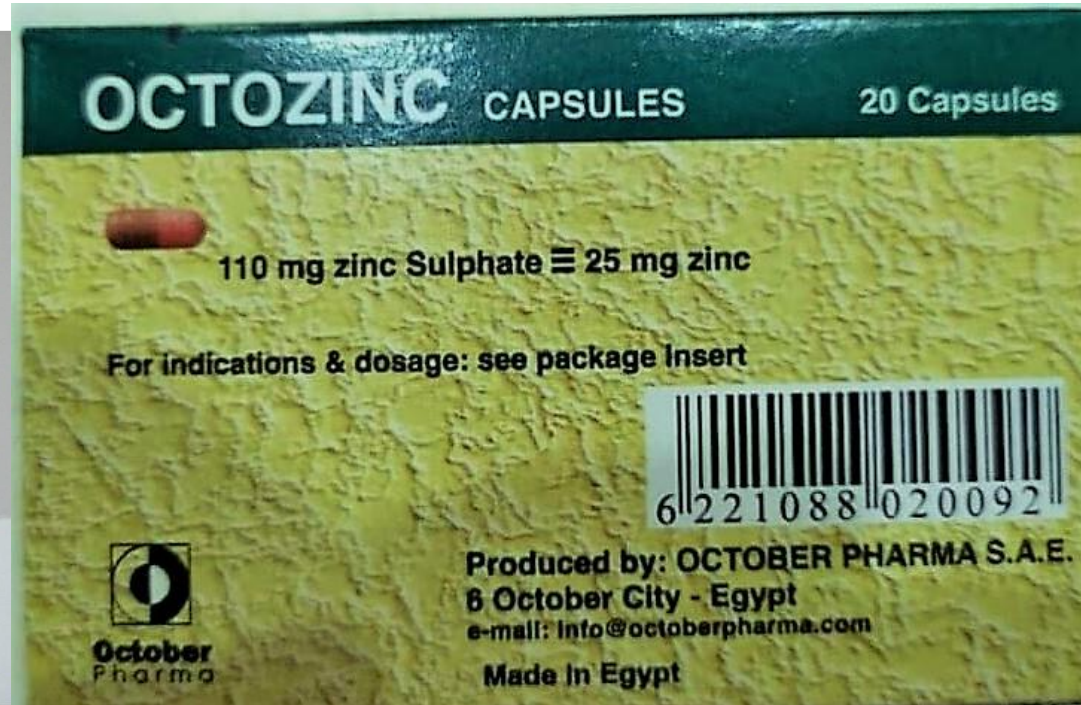
25 drops twice daily (6 spray)

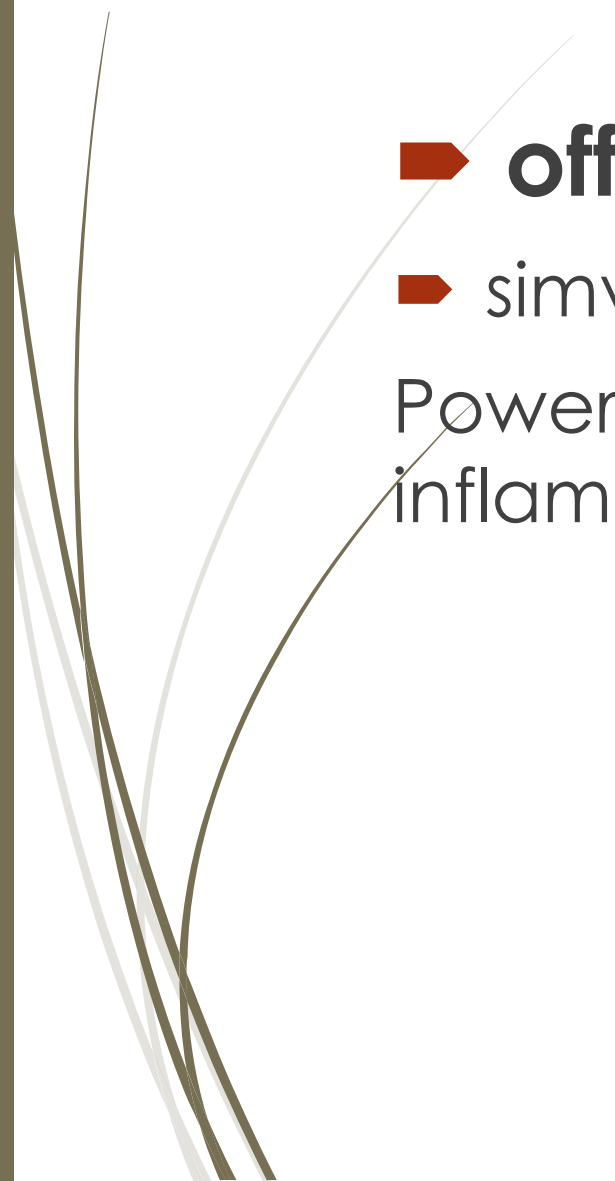
May cause hirsutism



➔ Zinc gluconate

30 – 50 mg / day





➤ **off label use :**

➤ simvastatin / ezetimibe

Powerful lymphocytic modulators and anti inflammatory agent in dermatology .



➤ adult :

Intralesional corticosteroids + minoxidil + topical steroids .

➤ Children :

Minoxidil + topical steroids .





Androgenetic alopecia (AGA)

Pattern hair loss

- In female : hair loss occurs in the frontal hair line
- In male : hair loss occurs in the frontotemporal regions on the vertex of the scalp , depending on severity
- Ttt. 1 – minoxidil
- 2 – **finasteride**

Finasteride must be continued because discontinuation results in gradual progression of the disorder. A study in postmenopausal women indicated **no** beneficial effect of the medication in treating female androgenetic alopecia.

ANDROGENIC ALOPECIA



- Dose of benign prostate hyperplasia , prostate cancer : 5 mg once daily
- Dose of AGA : 1 mg once daily .



Scabies

- Highly contagious skin condition .
- Direct skin to skin contact is the mode of transmission .
- Signs & symptoms :
Severe itching and
usually worse at night .



Treatment

➡ **Permethrin (ectomethrin)**

- ➡ Before bed time after shower and left on about 8 – 14 hrs then showered off . (once)

➡ **Crotamiton (Eurax)**

- ➡ 48 hrs then showered off .

➡ **Benzyl benzoate (Benzanil)**

- ➡ 24 hrs then showered off .

➡ **Ivermectin (iverzine)**

- ➡ Orally 0.2 mg / kg once and repeated in 2 weeks
contraindicated who less than 15 kg



Lice



- Head louse , body louse , pubic louse .

- Treatment goals :

- 1 – pediculicide agent .

- 2 – control the symptoms of itching to prevent secondary infection .

- 3 – clean the environmental of potential lice and eggs .

➡ Malathion (lice clean , prioderm 0.5 % lotion)

on dry hair and washed off after 8 – 12 hrs

Re-applied after 7 – 10 days



➡ piperonyl butoxide (lcid shampoo)

Applied like a shampoo to dry hair for 10 min. and then rinsed off with **cool** water .

Repeated if necessary once in a 24 hr period ..

Repeated treatment in 7 – 10 days to kill newly .



➡ Permethrin (Ectomethrin)

Leave on hair for 10 min. and rinse with water .

Repeated with 7 – 10 days .



Tinea infections

- **Dermatophyte infection (Ring worm)(Tinea)** develops on the top layer of the skin .
- Red circular rash with clearer skin in the middle .
- Ring worm is **contagious** .
- Fungi thrive in moist , warm areas such as **locker rooms , tanning beds , swimming pools and folds** .
- Can be spread by sharing sport goods , towels and clothing .

➔ 1 – tinea barbae .



- 2 – tinea capitis
- May occur hair loss



➡ 3 – tinea corporis(body)



- 4 – tinea cruris or jock itch (sexual area)
- Most common



➔ 5 – tinea faciei (face)



➔ 6 – tinea manuum (hand)



➤ 7 – tinea pedis (Athlete's foot)



➡ 8 – Tinea unguium (Nail)



- 9 – tinea versicolor
- Common





► Treatment :

► Fluconazole

150 mg once weekly or 50 mg once daily for 2 – 4 weeks .

For **tinea pedis** may require up to 6 weeks .

For **nail infection** 150 – 300 mg once a week for 3 – 6 **months**.





➤ itraconazole

For nail infection

Finger nails : 2 ttt. Pulses which are separated by 3 weeks without treatment each consisting of 200 mg every 12 hrs for 1 week .

Toenails : with or without fingernail involvement 200 mg / day for 12 weeks .

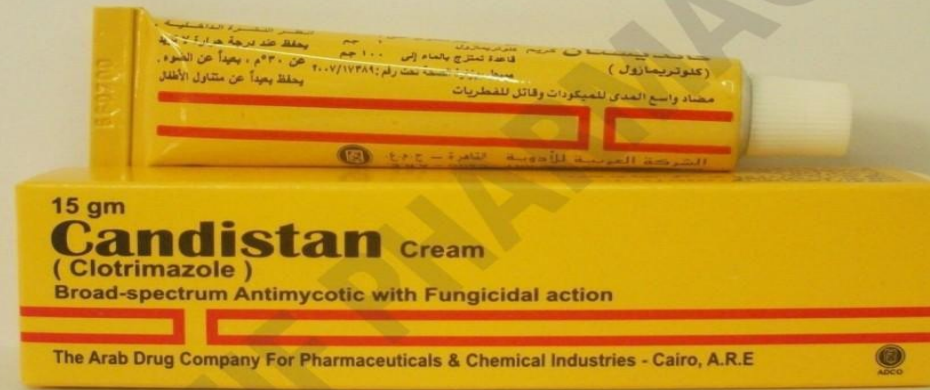




➤ Imidazole

- Ketoconazole , miconazole , econazole , clotrimazole , isoconazole , oxiconazole , tioconazole , sertaconazole , butoconazole , terconazole .









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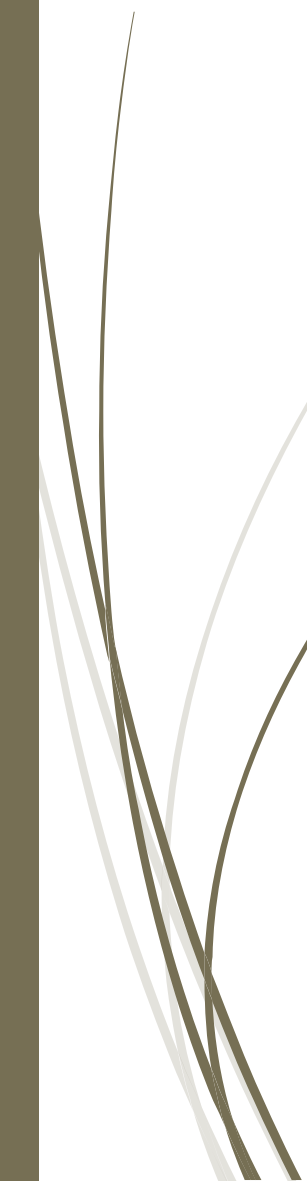


► Terbinafine

For nail infection (drug of choice) : 250 mg once daily for 6 week .

For tinea corporis & cruris : 250 mg / day in single dose or divided every 12 hr for 2 – 4 weeks .

For tinea pedis : 250 mg / day in single dose or divided every 12 hr for 2 – 6 weeks .





➤ ciclopirox , tolnaftate , clioquinol .

